


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. *MHN*

PLAINTIFF Dewitt Brown	COURT CASE NUMBER 07C7012
DEFENDANT County of Cook, Illinois, et al.	TYPE OF PROCESS S/C
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Thomas Dart, Sheriff of Cook County	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) The Daley Center 50 W. Washington, Room 704, Chicago, IL 60602	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Dewitt Brown, #2007-0023106
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	5
Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**FILED**

3-31-2008

MAR 31 2008 YM

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-21-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 5	District of Origin 24 No. _____	District to Serve 24 No. _____	Signature of Authorized USMS Deputy or Clerk TD	Date 02-21-08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Carole McFadden Admin Assistant

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 3/25/08	Time 1:46	am pm
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Signature of U.S. Marshal or Deputy

Just So

Service Fee 48.00	Total Mileage Charges (including endeavors) 0	Forwarding Fee 0	Total Charges 48.00	Advance Deposits 0	Amount owed to U.S. Marshal or 48.00	Amount of Refund 0
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REMARKS:

1- Deputy
1- hour

1- hour